

MEMBER ID: _____

PERSONAL INFORMATION

| SSN: | | | | |
|---|------|--------|-------|--------|
| Name of Member (last, first, middle initial): | | | | Title: |
| Cell Phone: () Home Phone: () | | Email: | | |
| FINANCIAL INSTITUTION INFORMATION | | | | |
| Name of financial institution: | | | | |
| Annuity contract or account number: | | | | |
| Address: | City | | State | ZIP |

FUNDS TO BE ROLLED OVER

\$______ or _____% represents funds arising from ministerial employment.

\$______ or _____% represents funds arising from non-ministerial employment.

I hereby direct the above listed financial institution to transfer funds from my account held with them to my Rollover Contribution Account (for non-annuitized members) or my Retirement Savings Account (for member's receiving a monthly annuity benefit) administered within The Annuity Plan for the United Church of Christ (the "Annuity Plan").

I authorize the liquidation of all positions in respect of my account (referenced above) to execute the transfer of funds. I understand that these funds will be placed in my Rollover Contribution Account or my Retirement Savings Account within the Annuity Plan and will be allocated in accordance with my instructions.

ACKNOWLEDGEMENT OF THE DIRECT ROLLOVER

I acknowledge to the Pension Boards–United Church of Christ, Inc. that:

- 1. The existing retirement account* from which the direct rollover is made is one of the following:
 - 401(a) qualified plan, including 401(k)
 - 403(a) annuity plan
 - 403(b)(1) annuity contract
 - 403(b)(7) custodial account
 - 403(b)(9) church retirement income account
 - Traditional Individual Retirement Account of Annuity (IRA)
 - 457 governmental plan

*No after-tax contributions

- 2. I am one hundred percent (100%) vested in all amounts being transferred to the Annuity Plan.
- I will transmit the funds to: The Pension Boards-United Church of Christ, Inc., 75 Remittance Drive, Suite 1592, Chicago, IL 60675- 1592. The check shall be payable to "The Pension Boards-United Church of Christ, Inc.," F.B.O., "Member Name." Please indicate the type of retirement account on the check.
- 4. Enclosed is a copy of the last available statement for the account from which the rollover is being made.

SIGNATURE

Member Signature _____ Date: _____

Please return this signed and completed form by email to: <u>info@pbucc.org</u>; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.